State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

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TOTAL	PAGES	IN ENTIR	E CFA-4	REPORT

COMMITTEE INFORM	ATION	
1. Full name of committee (as on Statement of Organization) Check if this is a new name		
DALE SHELLING FOR CITY COUNCIL	action and a state of materials becaming the	
2. Acronym or abbreviated name, if any	3. Committee telephone number	ection Board No number.
lighted and hunstered. This forms will be the total of all mane of Setwatere	(317) 773-2880	
4. Mailing address (address where all campaign finance correspondence is received) Cher 647 No. 974 ST:	ck if this is a new address	o inc. Philosopi Errier von Brist durting any attention dichestate
5. City, state, ZIP code	6. Party affiliation (if applicable)	AND REPORTED PROPERTY AND RESIDENCE.
NOBLESVILLE, IN 46060	REPUBLICAN	
CANDIDATE INFORMATION (For Candid	late's Committees Only)	使 现的主要
7. Full name of candidate (include any nickname)	8. Party affiliation or if independent	Coopen an arrestal fire
DALE E. SNELLING	REPUBLICAN	Cognetision (Form CES-1, Cr
9. Office sought (Include district number, if any. Not required for exploratory committee.) NOBLESVILLE CITY COUNCIL WARD 3	10. County of residence	EM 2 Enlar the ocnowers or
TYPE OF REPORT	CONVENT	TON CANDIDATES ONLY
11. Check one: Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, and Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: Check one: Pre-Conver	Market and any ordered to be a
12. Reporting period:	COLUMNA	COLUMN B
From: MARCH 24, 2003 Through: APQLL 21, 200	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	1 -0 -	
14. Cash on hand and investments January 1, current year.	25 H2 H 105 C 1 - 100 C	-0-
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contrib	utions.)	
15a. Itemized (use Schedule A)		
15b. Unitemized School and the public state of	etilinos en immeni se etitibaro e	this empartial act made Title
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	a last and how or stationary su
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column 8	TOTAL —8-	-6
(Note: These amounts include in-kind expenditures and loan repayments.)		
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17a. Itemized (use Schedule B) (Public Question: use Schedule C)	district as the second second second	1
17b. Unitemized	es testifica e es un visco ser un consumer	
17c. Add lines 17a and 17b in both columns	SUBTOTAL	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both colum	nns) TOTAL	-0-
19. Debts OWED BY the committee (use Schedule D)	afice being euophi by the could colle them.	
20. Debts OWED TO the committee (use Schedule E)	District of the County of the County	

CERTIFICAT
Signature on File

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

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CLERK, HAVAIL TON COUNTY COURTS



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be Itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

(CFA-4 SCHEDULE B) Itemized Expenditures

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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

FILE NUMBER								
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Page		of						

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

FILE NUMBER	

INSTRUCTIONS: Please type or print legibly IN BLACK INIX all information on this form. For assistance in completing this
schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the
committee during the reporting period. Include all amounts owed for or to lending institutions, individuals,
credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the
name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes
loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

Page

State F	orm 4606	5 (R9 / 11	-99)	
Indiana	Election	Commis	sion (10	3-9-5-14)
Annous	ed by Sta	te Board	of Acco	unts 1999

FILE NUMBER	STATE OF

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING
(street, number, city, state, ZIP code)	MAILING ADDRESS(if any) (street, number, city state, Z-P code)		INCURRED	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
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